

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Mr. Robert Brian Gibbs

(b) Address (number and street)

6992 TR 466

☐ Check if address changed

2. Identification Number

H0OH18077

(c) City, State and ZIP Code

Lakeville

OH

44638

3. Is This  
Statement☒ New  
(N)

OR

☐ Amended  
(A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

House

6. State &amp; District of Candidate

OH 18

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Gibbs for Congress

(b) Address (number and street)

6992 TR 466

(c) City, State and ZIP Code

Lakeville

OH

44638

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Mr. Robert Brian Gibbs

Date

03/30/2011

**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

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(a) Name of Committee (in full)

The Ohio Five

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(b) Address (number and street)

228 S. Washington St.  
Suite 115

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(c) City, State and ZIP Code

Alexandria

22314

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

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(a) Name of Committee (in full)

Freshman Agricultural Republican Members Trust (F.A.R.M. Trust)

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(b) Address (number and street)

7315 Wisconsin Ave.  
Suite 310 East

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(c) City, State and ZIP Code

Bethesda

20814

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